Subscriber Application Form

SAF No. :
Date :
Customer ID :

SITI DIGITAL CABLE TELEVISION

Subscriber Information

1. Applicant's Name: First Name | Middle Name | Last Name
2. Installation Address:
City/ Town: District:
State: Pin Code: Phone.:
Mobile No.: Email:

3. Type of Subscriber: ☐ Individual ☐ Institution ☐ Hotel/ Hospital ☐ Co-op.Hsg. Soc. ☐ Office ☐ Others Specify _____

4. Address Proof: (Attested Copy) ☐ Passport ☐ Voter ID Card ☐ Driving License ☐ Ration Card ☐ Telephone Bill (MTNL/BSNL) ☐ Electricity Bill ☐ Others Specify _____

5. STB Type ☐ SD ☐ HD

USE SEPARATE SAF FOR MORE THAN ONE CONNECTION

6. Connection Type ☐ Parent ☐ Child
If Child, Parent SAF No. Parent Account No.
7. STB & VC Details:
STB No.: VC No.:
Set Top Box Details: ☐ Owned ☐ Rented ☐ Hire Purchase ☐ Operating Lease _____ (As per Annexure _____ attached herewith)

STB Payment Details

Payment Terms ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

8. (a) Bouquet Opted : As per Annexure _____ attached herewith (b) Ala-Care Channel(s) Opted : As per Annexure _____ attached herewith.

9. Initial Payment Details: STB Price Rs. STB Rent. Rs. STB Hire Charges. Rs.
STB Security Deposit Rs. Activation Charges Rs. Installation Charges Rs.
Any Other Charges Rs. Total Amount paid (Incl.of all taxes) Rs. Payment Mode ☐ Cash ☐ *Cheque ☐ D.D.
If payment made through Cheque / D.D. No. * Cheque subject to realization
Drawn on Bank Details Dated d d m m y y y y
Name & Branch

10. **Subscriber's Declaration:**

I have read, understood & accepted the terms & conditions mentioned overleaf/attached covering subscription and Set Top Box Agreement which forms an integral part of this SAF and undertake to comply with them, and acknowledge that programme/ channel, plans selected and applicable rates thereto form part of the agreement and agree to be bound by the same and hereby declare and confirm that the information contained in this form is true and accurate in every respect.

Date: d d m m y y y y Subscriber's Signature: _____

11. **Cable Operator's Details:**

Name:
Address:
Contact No.:
Code:

Cable Operator's Signature _____

12. **Siti Cable Network Ltd.**

Contact Persons Name & Mobile No.

I. | II.

SITI CARE SERVICES

E-mail : siticare@sitinetworks.com
customercare.kol@sitinetworks.com
Delhi : 011-60019945
Mumbai : 022-60019945
Kolkata : 033-40025000
Toll Free No. : 18001234001

Acknowledgment:

Received with thanks from Mr./Ms./M/s. _____ Subscriber Application Form along with Rs._____towards STB amount.

Date d d m m y y y y

Distributor / Cable Operator's Signature _____

FOR OFFICE USE ONLY Rejection Reasons_____

Date of Receipt d d m m y y y y

Entered By_____

Local Office Address

Audit

*** Terms and Condition Applicable only For D.A.S. Notified Area**

Ministry of I & B Approval :9/51/2012-BP&L,

Kolkata : GSTIN :(W.B.- 19AAACW6349M1ZO) (Oddisa- 21AAACW6349M1Z3) (Jharkhand- AA200817003673H) Postal Registration :213/PKS, Dt. : 21.02.07, TRAI Regn. No. :9.31.2006-BP & L Dt. 30.09.06 Postal Regd. No.286 Dt. 19.04.16

ICNCL : GSTIN(W. B.-19AABCR4726Q1ZR), (U. P- 09AABCR4726Q1ZS), (Jharkhand- 20AABCR4726Q1Z8) and (Bihar- 10AABCR4726Q1Z9), CIN No. :U92132WB1995PLC075754, TRAI Regn. No. :9.29.2006-BP & L Dt. 30.09.06

***Corp. Off. :** Siti Networks Ltd., Plot No. 3rd Floor Plot 19 & 20 Sector 16A, Film City, Noida - 201301, Tel. No. : 0120-4526700, Fax No. : 0120-4526777, CIN No. : L64200MH2006PLC160733

Regd. Off. : Madhu Industrial Estate, 4th Floor, Pandurang Budhkar Marg, Worli, Mumbai-400013

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